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Role of pharmacists in collaborative care of travellers with chronic conditions

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Dear Editor,

We refer to a paper recently published in the *Journal of travel Medicine and Infectious Disease* where clinicians have been shown to have in have many questions related to travellers to multiple destinations, going for prolonged duration of travel, with chronic medical conditions, and potential drug interactions.[1] This study highlighted the inadequacy of available information sources to resolve the wide range of different medical issues for travellers. In addition, the study also highlighted the significance of collaboration in travel health.

A recent Home Medicines Review (HMR) highlighted the significance of collaborative interventions between pharmacists and medical practitioners for travellers with multiple medical conditions. A 70 year old man with a recent history of shortness of breath and

medications management was referred to a pharmacist for Home Medicines Review (HMR). The patient was also being managed for chronic cardiopulmonary disease and a degenerative musculoskeletal disorder and was using multiple medications (Table 1).

Table 1 Patient's regular medications

Medication	Dose
Rosuvastatin 10mg tablet	1 daily
Metoprolol XL 23.75mg	1 daily
Apirin 100mg	1 daily
Fruseminde 20 mg tablet	1 daily
Diogoxin 250mcg tablet	½ daily
Clopidogrel 75 mg tablet	1 daily
Irbesartan 150 mg tablet	1 daily
Morphine 100 mg CR	1 twice daily
Esomeprazole 20mg tablet	1 daily
Tiotropium 18mcg capsule	1 capsule inhaled daily
Salmeterol/fluticasone 250mcg/50 mcg accuhaler	1 twice a day
Testosterone 205mg injection	1 injection every 3 weeks
Other medications sourced overseas	
Medication	Dose
Glucosamine 1000mg tablet	1 daily
Fish oil 1000 capsule	1 daily
Zinc 100mg	1 daily

Apart from Prostate Specific Antigen test that was elevated for his age, chronic disease indicators including blood pressure, cholesterol and renal function were within normal ranges. The patient's sexual history included multiple casual sexual partners. Tests for HIV and hepatitis C were negative. The patient had no known allergies and obtained his medications from a regular pharmacy while others were obtained overseas.

At the medication review a, the patient disclosed to the pharmacist he did not have a regular GP and was preparing for a three month overseas trip to Vietnam to visit friends. In less than a few weeks, the patient was to embark on a 6 hour flight from Darwin to Hanoi. As

travel was a serendipitous finding, it became apparent that the patient had not discussed his travel plans with a doctor and did not have sufficient medication to last for the duration of his travel. Noting the patients' medical history and the potential health risks to disease exacerbation and thrombosis and medications misadventure during travel, the doctor requesting HMR report was informed and the patient referred back to the doctor for pre-travel health assessment and prescriptions orders to cover the duration of travel. Two weeks before date of departure, the patient presented at the pharmacy with prescription orders for influenza and pneumococcal vaccines. Medications to cover his duration overseas were also dispensed.

Pharmacists routinely interact with patients and take medication and disease histories. However, there is paucity of research identifying pharmacists' direct involvement in traveller's care to improve outcomes. Pharmacists can assist with screening for routine vaccine needs based on patient's diagnosis and medications prescribed. To optimise drug therapy, pharmacists in a collaborative protocol with medical practitioners have the opportunity to monitor adverse drug reactions for favourable treatment outcomes amongst travellers with underlying medical conditions. The case in this letter illustrates opportunities for pharmacists to identify travel health needs for individuals with chronic medical conditions prior to travel and collaborate with doctors to address these needs [2] The absence of research data on medications management including drug therapy and monitoring issues amongst travellers means that the effectiveness and quality of care for travellers with medical conditions remains unknown.

For travellers with medical conditions, and taking multiple medications and supplements, the increased risk of drug-drug interactions and side effects highlights the need for checking with a pharmacist prior to travel. Underreported is the potential problem of concomitant medications use in travellers.[3] More work, particularly travel health research on

pharmacists' expertise on drug interactions and role on collaborative care of travellers with chronic medical conditions is needed.[4]

Pharmacists provide opportunity to access a qualified health professional for travel health promotion, education and preventative services. Promotion services include travel health messages in pharmacy mail outs and billings while preventative services may include referring patients to medical practitioners for routine immunisation updates and prophylactic medications.

In conclusion, our experience is that travellers are in need of education about health risks during travel. Pharmacists operate from a wide range of settings-hospitals, community pharmacies retirement villages. The wide network of pharmacists' work settings provides easily accessible information source for questions about drug interactions other drug-related information needs for travellers.

Conflict of interest

Authors have no conflict of interest to declare.

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